

JAN 05 2007

**FITZPATRICK, CELLA, HARPER & SCINTO**

650 Town Center Drive  
 Suite 1600  
 Costa Mesa, California 92626-7130  
 (714)540-8700

Facsimile:(714)540-9823

**FACSIMILE COVER SHEET**

**TO:** Examiner K. Lovel  
 U.S. Patent & Trademark Office  
 Group Art Unit 2167

**FROM:** John D. Magluyan (Reg. No. 56,867)

**RE:** U.S. Application No. 10/828,470  
 Atty. Docket No.: 00862.023668.

**FAX NO.:** (571)273-8300

**DATE:** January 5, 2007      **NO. OF PAGES:** 15  
*(including cover page)*

**TIME:** 3:40 PM.      **SENT BY:** *John M.*

**MESSAGE****Attachments:**

- 1) Transmittal
- 2) Amendment

I hereby certify that this correspondence is being transmitted via facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, (371) 273-8300, on

January 5, 2007  
 (Date of Deposit)

John D. Magluyan, (Reg. No. 56,867)  
 (Name of Attorney for Applicant)

*John D. Magluyan*  
 Signature

January 5, 2007  
 Date of Signature

**IF YOU DO NOT RECEIVE ALL THE PAGES  
 PLEASE CALL 714-540-8700 AS SOON AS POSSIBLE.**

**Note:** We are transmitting from a Canon Model FAX-L770 (compatible with any Group I, Group II or Group III machine).

THIS FACSIMILE MESSAGE AND ACCOMPANYING DOCUMENTS ARE INTENDED ONLY FOR THE USE OF THE ADDRESSEE INDICATED ABOVE. INFORMATION THAT IS PRIVILEGED OR OTHERWISE CONFIDENTIAL MAY BE CONTAINED THEREIN. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, REVIEW OR USE OF THIS MESSAGE, DOCUMENTS OR INFORMATION CONTAINED THEREIN IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE OR FACSIMILE AND MAIL THE ORIGINAL TO US AT THE ABOVE ADDRESS. THANK YOU.

RECEIVED  
CENTRAL FAX CENTER

002

JAN 05 2007

In re Application of:

Docket No. 00862.023668.

TOMOTOSHI KANATSU

Application No.: 10/828,470

Examiner: K. Lovel

Filed: April 21, 2004

Group Art Unit: 2167

For: IMAGE PROCESSING METHOD  
AND SYSTEM

Date: January 5, 2007

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED                              |  |       |  |                         |                  |                   |
|--|--|-------|--|-------------------------|------------------|-------------------|
|  | (2)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (4)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (5)<br>PRESENT<br>EXTRA | RATE             | ADDITIONAL<br>FEE |
| TOTAL CLAIMS                                   | * 16   | MINUS | ** 20  | = 0                     | x \$25<br>\$50   | 0                 |
| INDEP. CLAIMS                                  | * 4  | MINUS | *** 4  | = 0                     | x \$100<br>\$200 | 0                 |
| Fee for Multiple Dependent claims \$180*/\$360 |  |       |  |                         |                  |                   |
| TOTAL ADDITIONAL FEE<br>FOR THIS AMENDMENT---  |  |       |  |                         |                  | 0                 |

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- Verified Statement claiming small entity status is enclosed, if not filed previously.
- A check in the amount of \$ \_\_\_\_\_ is enclosed.
- Charge \$ \_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$ \_\_\_\_\_ to cover the fee for a \_\_\_\_\_ month extension is enclosed.
- A check in the amount of \$ \_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
John D. Magluyan  
Attorney for Applicant  
Registration No.: 56,867

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
New York, New York 10112-3800  
Facsimile: (212) 218-2200

Form #120

CA\_MAIN 125443v1

Page 2 of 2

RECEIVED  
CENTRAL FAX CENTER

004

JAN 05 2007

00862.023668.

**BEST AVAILABLE COPY**  
PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
TOMOTOSHI KANATSU ) Examiner: K. Lovel  
Application No.: 10/828,470 ) Group Art Unit: 2167  
Filed: April 21, 2004 )  
For: IMAGE PROCESSING )  
METHOD AND SYSTEM : January 5, 2007

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Sir:

In response to the Office Action dated October 5, 2006, please amend the above-identified application as follows:

I hereby certify that this correspondence is being transmitted via facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, (571) 273-8300, on

---

January 5, 2007  
(Date of Deposit)

---

John D. Maglivan (Reg. No. 56,867)  
(Name of Attorney for Applicant)

Signature

---

January 5, 2007  
Date of Signature